PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/563724

Effective December 8, 2004									14/363724			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
Ù.S. NATIONAL STAGE FEES							Ιſ	RATE	FEE	•	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		8.	ASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT A (4) = '\$ 50	/\$ 100	All other situations = \$100 / \$ 200			XAM. FEE			EXAM. FEE	7100
SEARCH FEE .			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500		s	EARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 ≑			X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			17 mi	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			4 in	ninus 3 =	.			X \$ 100 =		OR	X \$ 200 =	200
MUI	TIPLE DEPEN	DENT CLAIM PRI	ESENT				ŀ[+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	100	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL E		OR	OTHER SMALL E	NTITY	
AMENDMENT A	<u> </u>	REMAINING AFTER AMENDMENT		NUM PREVK PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	** -		3		X \$ 25 =		OR	X \$ 50 =	
	Independent	DAME	Minus			2		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l· L	+ \$ 180 =		OR	+ \$ 360 =	
		•	10	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·				
(Column 1) (Column 2) (Column 3)												
NTB		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	•	Minus	**		÷		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus	***		a .		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	·
								TAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20", *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".												
		nber Previously Paid					in the a	ppropriate box	in column 1.			

FORM PTO-875 (Rev. 02/2006)

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